

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90132 012 ***150.00

DOCUMENT # P98000028067

1. Entity Name
EYE CENTER OF NORTH FLORIDA, P.A.



Principal Place of Business
**2500 HIGHWAY 77
PANAMA CITY, FL 32405**

Mailing Address
**2500 HIGHWAY 77
PANAMA CITY, FL 32405**

50006615



2. Principal Place of Business
2500 MLK JR BLVD
Suite, Apt. #, etc.

3. Mailing Address
2500 MLK JR BLVD
Suite, Apt. #, etc.

03242006 Chg-P CR2E034 (11/05)

City & State
PANAMA CITY, FL

City & State
PANAMA CITY, FL

4. FEI Number
52-2107690

Applied For
Not Applicable

Zip
32405

Country

Zip
32405

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SLOAN, TIMOTHY J
427 MCKENZIE AVENUE
PANAMA CITY, FL 32401**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **FISHER, BRET L**
STREET ADDRESS **2500 HWY 77**
CITY-ST-ZIP **PANAMA CITY, FL 32405**

TITLE **D** ☐ Delete
NAME **AKER, ANTHONY L O.D.**
STREET ADDRESS **2500 HWY 77**
CITY-ST-ZIP **PANAMA CITY, FL 32405**

TITLE **D** ☐ Delete
NAME **EDINGER, DAVID J O.D.**
STREET ADDRESS **2500 HWY 77**
CITY-ST-ZIP **PANAMA CITY, FL 32405**

TITLE **D** ☐ Delete
NAME **MALLARY, JOHN J**
STREET ADDRESS **2500 HIGHWAY 77**
CITY-ST-ZIP **PANAMA CITY, FL 32405**

TITLE **D** ☐ Delete
NAME **JONES, MARK S OD**
STREET ADDRESS **2500 HWY 77**
CITY-ST-ZIP **PANAMA CITY, FL 32405**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☒ Addition
NAME **GARLAND, PAUL E.**
STREET ADDRESS **2500 MLK JR BLVD.**
CITY-ST-ZIP **PANAMA CITY, FL 32405**

TITLE **D** ☐ Change ☒ Addition
NAME **PYNE, JEFFREY R.**
STREET ADDRESS **2500 MLK JR BLVD.**
CITY-ST-ZIP **PANAMA CITY, FL 32405**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRET L. FISHER

Date

3/27/06

Daytime Phone #

850-784-3937